

2019-00291

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CITY OF SAUSALITO

TREE REMOVAL / ALTERATION PERMIT

APPLICATION

RECEIVED TRP

OCT 21 2019

APPLICANT INFORMATION

Name

ROBIN REILLY

CITY OF SAUSALITO
COMMUNITY DEVELOPMENT DEPT

Address

159 CAZNEAU AVENUE, SAUSALITO, CA 94965

Day Phone

(415) 810-2558

Email Address

robin@robinreilly.com

PROPERTY OWNER INFORMATION (If different from Applicant)

Name

Address

Day Phone

Email Address

TREE OWNER INFORMATION (If different from Property Owner)

If this application is for work on a tree located on property not owned by the applicant, provide the following information and attach a completed "Permission to Enter" Form. If this application is for work on a tree on City-owned property, describe the location and state "City property".

Name

Address

Day Phone

Email Address

EXPLANATION OF PROPOSED WORK

Describe the extent of the proposed tree work.

REMOVAL OF COAST LIVE OAK DUE TO SUDDEN OAK DEATH

Explain why the work is needed.

PEN ARBORIST'S REPORT, THE TREE IS IN DECLINING HEALTH AND

IS LIKELY TO BECOME INCREASINGLY UNSTABLE AS IT DIES.

CITY OF SAUSALITO
TREE REMOVAL / ALTERATION PERMIT

If the tree will be removed, will a replacement tree be planted?
[] Yes – List species, location, and container size of replacement tree.

[✓] No – Explain why not.

PER THE ARBORIST'S REPORT, THE TREE REMOVAL WILL BENEFIT
THE EXISTING SURROUNDING VEGETATION THAT WILL FILL THE GAP.

APPLICANT'S AUTHORIZATION AND VERIFICATION

I (We) hereby grant permission for the Trees and Views Committee members and any City Officials to enter the property to inspect the tree(s) for making a decision on this Permit application. If a quorum (three or more members) of the Trees and Views Committee meets on the property, a publicly-noticed meeting is required and interested parties are allowed to enter the property during the publicly-noticed meeting. I (We) grant this permission subject to the following conditions. If none, check here [✓]

I (We) hereby declare under penalty of perjury under the laws of the State of California that the information in this application and the accompanying materials are true, complete, and correct.

SIGNATURES

T. A. Riley 10/19/19
Applicant Date

Property Owner Date

For questions contact:
Community Development Department
420 Litho Street
Sausalito, CA 94965
415/289-4128 Voice
415/339-2256 Fax

Permit Fee Paid	_____
Receipt No.	_____
By (Initials)	_____
Date Stamp	_____

Client: Robin Reilly
Project Location: 159 Cazneau Ave, Sausalito
Inspection Date: July 25, 2019
Arborist: Ben Anderson



Assignment

Robin Reilly contacted Urban Forestry Associates to request an inspection of the mature coast redwood (*Sequoia sempervirens*) located above her home. While onsite, we walked the rest of the property (two parcels) to perform a general assessment of the landscape. During the walk, I discovered a coast live oak (*Quercus agrifolia*) with a sparse canopy and bleeding cankers. I recommended the tree's removal and informed Ms. Reilly of the need to apply for a permit and the need for an arborist report.

Observations

Species	Coast live oak
Diameter	18.3 inches
Location	North of the driveway (Figure 3). Possibly on the adjacent roadway easement. See map in Figure 1. This is a steep hill between the road and driveway.
Health	Fair to poor (for explanation of condition ratings, see Table 1). Bleeding cankers around the base of the tree are consistent with those of a <i>Phytophthora sp.</i> infection (Figure 2), possibly sudden oak death (<i>P. ramorum</i>). Somewhat sparse canopy has been historically hedged back for view clearance.
Structure ¹	Fair to good. The trunk splits to codominant stems ² a few feet above grade. These join at an acute angle with included bark ³ .
Form ⁴	Fair. Odd silhouette due to past topping for view.
Appraisal	Due to the health of the tree and the subsequent need for removal, the tree has a negative value equal to the cost of its removal.

Discussion

Sudden oak death is caused by the introduced pathogen *Phytophthora ramorum*, a water mold that lives on the foliage and in the stems of many of the native and ornamental plants in California. In trees, foliar hosts like California bay are rarely significantly affected but vascular hosts (like coast live oak) are weakened by cankers that form on the trunk and disrupt the flow of nutrients between the roots and canopy. It is typically the secondary pathogens that kill or destabilize the trees after they are weakened by *P. ramorum*. The pathogen does not spread from oak to oak but having one infected oak on a property does demonstrate that the disease is present, and conditions are favorable for infection.

¹ **Structure** – Overall stability of the tree or its branches. This can be negatively affected by things such as acute angle crotches, decay cavities, strong leans, stem girdling roots, ambrosia beetles, history of failures, etc.

² Codominant stem - forked branches nearly the same size in diameter, arising from a common junction and lacking a normal branch union (ISA Dictionary Online).

³ **Included bark** - bark that becomes embedded in a crotch (union) between branch and trunk or between codominant stems. Causes a weak structure.

⁴ **Form** – The plant's overall appearance as it relates to its shape or silhouette. Can be negatively affected by crown asymmetries.

Conclusions

Given the level of inspection, the tree is unlikely to survive for more than a few years. It will be at an ever-increasing likelihood of beetle attack during that time (western oak bark beetle [*Pseudopityphthorus pubipennis*] and the oak ambrosia beetles [*Monothrum scutellare* and *M. dentiger*]). Once ambrosia beetles enter the tree, it will begin to decrease in stability.

The tree removal will benefit the surrounding vegetation as it will decrease competition for resources and the tree will no longer threaten them with its potential failure.

The steep hillside may be subject to increased surface erosion immediately following the removal, but there is a healthy understory of vegetation that should quickly fill the gap to protect from raindrop impact. Leaving a declining tree is a greater threat to stability as if the tree is allowed to decline and fail, that will certainly be more disruptive than a controlled removal.

Recommendations

Whole-tree removal.

SCOPE OF WORK AND LIMITATIONS

Urban Forestry Associates has no personal or monetary interest in the outcome of this investigation. All observations regarding trees in this report were made by UFA, independently, based on our education and experience. All determinations of health condition, structural condition, or hazard potential of a tree or trees at issue are based on our best professional judgment. The health and hazard assessments in this report are limited by the visual nature of the assessment. Defects may be obscured by soil, brush, vines, aerial foliage, branches, multiple trunks, other trees, etc. Even structurally sound, healthy trees can fail during severe storms. Consequently, even a low risk rating is not a guarantee of no risk, hazard, or sound health.



Benjamin Anderson, Urban Forester
ISA Board Certified Master Arborist & TRAQ
WE:10160B
(415) 454-4212

Table 1. Condition ratings table. Taken from *Guide for Plant Appraisal, 10th edition*

Rating category	Condition components		
	Health	Structure	Form
Excellent	High vigor and nearly perfect health with little or no twig dieback, discoloration, or defoliation	Nearly ideal and free of defects.	Nearly ideal for the species. Generally symmetric. Consistent with the intended use.
Good	Vigor is normal for the species. No significant damage due to diseases or pests. Any twig dieback, defoliation, or discoloration is minor.	Well-developed structure. Defects are minor and can be corrected.	Minor asymmetries/deviations from species norm. Mostly consistent with the intended use. Function and aesthetics are not compromised.
Fair	Reduced vigor. Damage due to insects or diseases may be significant and associated with defoliation but is not likely to be fatal. Twig dieback, defoliation, discoloration, and/or dead branches may comprise up to 50% of the crown.	A single defect of a significant nature or multiple moderate defects. Defects are not practical to correct or would require multiple treatments over several years.	Major asymmetries/deviations from species norm and/or intended use. Function and/or aesthetics are compromised.
Poor	Unhealthy and declining in appearance. Poor vigor. Low foliage density and poor foliage color are present. Potentially fatal pest infestation. Extensive twig and/or branch dieback.	A single serious defect or multiple significant defects. Recent change in tree orientation. Observed structural problems cannot be corrected. Failure may occur at any time.	Largely asymmetric/abnormal. Detracts from intended use and/or aesthetics to a significant degree.
Very poor	Poor vigor. Appears to be dying and in the last stages of life. Little live foliage.	Single or multiple severe defects. Failure is probable or imminent.	Visually unappealing. Provides little or no function in the landscape.
Dead			

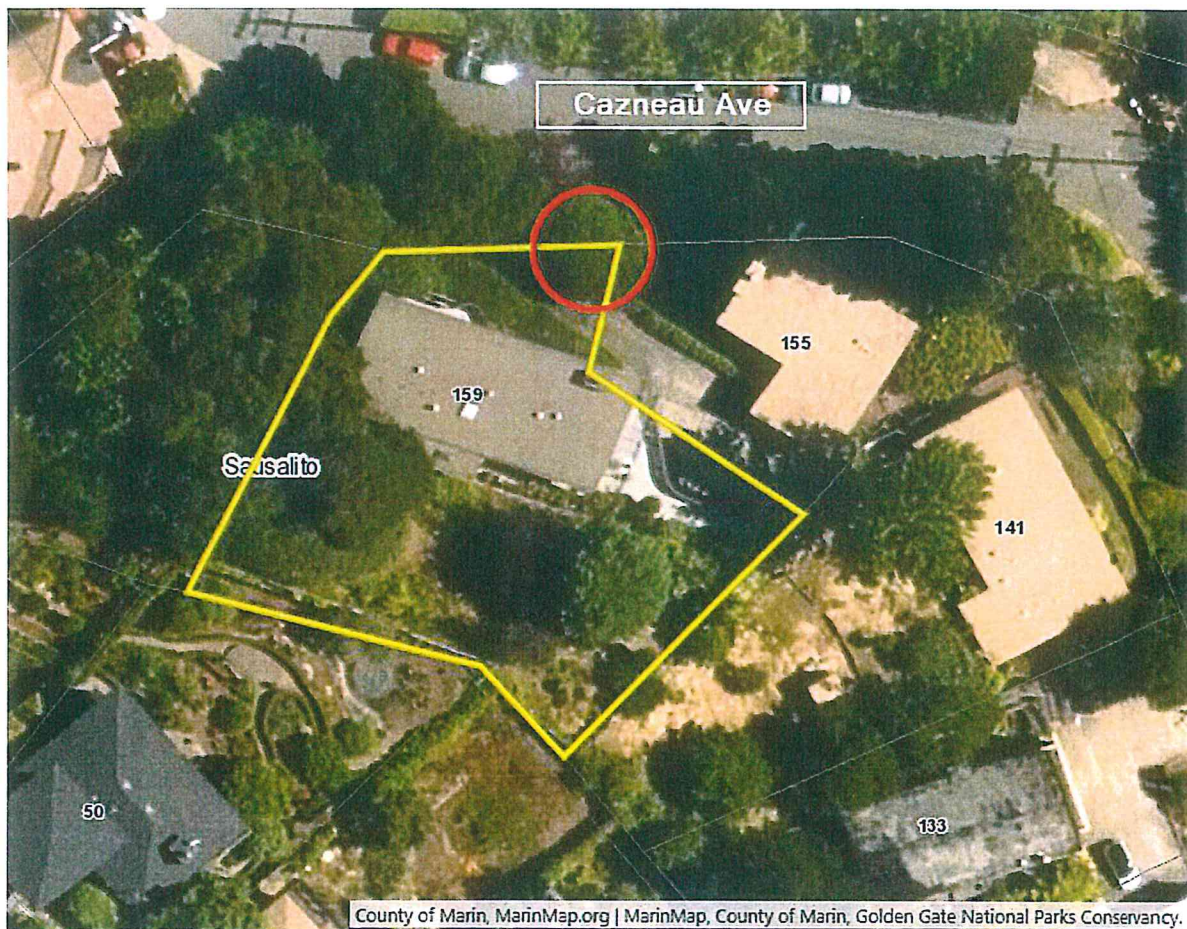


Figure 1. Map of subject property, indicated with yellow outline. Canopy of subject tree indicated with red circle.



Figure 2. Bleeding, discolored base consistent with a SOD infection.



Figure 3. Subject tree as viewed from the southeast



MARIN22

OP ID: JH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Don Ramatici Insurance, Inc.
731A Southpoint Blvd
Petaluma, CA 94954
W. Thomas Griffith

707-782-9200

CONTACT NAME: W. Thomas Griffith

PHONE (A/C, No, Ext): 707-782-9200

FAX (A/C, No): 707-782-9300

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Fire Insurance Co.

INSURER B: Trumbull Insurance Company

INSURER C: Ategrity Specialty Insurance

INSURER D:

INSURER E:

INSURER F:

INSURED
Marin County Arborists, Inc.
PO Box 2538
San Rafael, CA 94912

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		57UUNOK3798 \$10MIL PER PROJ CAP	06/24/2019	06/24/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		57UUNOK3798	06/24/2019	06/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		01PXLP700000440	06/24/2019	06/24/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Operations of the Named Insured - Evidence of Coverage Only

CERTIFICATE HOLDER

MISCELL

SAMPLE CERTIFICATE
EVIDENCE OF COVERAGE ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



MARIN22

OP ID: D2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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FAX (A/C, No): 707-782-9300

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Compensation Ins. Fund

35076

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Marin County Arborists, Inc.
PO Box 2538
San Rafael, CA 94912

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	907065719	09/01/2019	09/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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MISCELL

SAMPLE CERTIFICATE
EVIDENCE OF COVERAGE ONLY

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AUTHORIZED REPRESENTATIVE



Cash Register Receipt

City of Sausalito

Receipt Number
R2792

DESCRIPTION	ACCOUNT	QTY	PAID
ProjectTRAK			\$2,010.00
2019-00291	Address: 159 CAZNEAU AVE	APN: 064-213-23	\$2,010.00
ENVIRONMENTAL REVIEW			\$450.00
CATEGORICAL EXEMPTION	*NONE*	0	\$450.00
PLAN OR DOCUMENT RETENTION			\$35.00
PLAN OR DOCUMENT RETENTION	*NONE*	0	\$35.00
PUBLIC NOTICING			\$550.00
300 FOOT RADIUS	*NONE*	0	\$550.00
TREE PERMIT			\$975.00
PROTECTED TREE REMOVAL PRIVATE OR PUBLIC PROPERTY	*NONE*	0	\$975.00
TOTAL FEES PAID BY RECEIPT: R2792			\$2,010.00

RECEIVED
OCT 21 2019
CITY OF SAUSALITO
COMMUNITY DEVELOPMENT DEPT

Date Paid: Monday, October 21, 2019

Paid By: Robin Reilly

Cashier: CDD

Pay Method: CHECK 3514



